| OIPE | PART B - FEE(S) TRANSMITTAL | | | | | | | |
|--|---|---|------------------------------------|--|---|--|--|--|
| Complete and send to | this form, together with applicable fee(s), to: Note that the second of the second or | | | | Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571) 273-2885 | | | |
| INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriately arther correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | | | |
| Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmittal. This certificate cannot be used for any other accomp papers. Each additional paper, such as an assignment or formal drawin have its own certificate of mailing or transmission. SUITE 2500 Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmittal. This certificate cannot be used for any other accomp papers. Each additional paper, such as an assignment or formal drawin have its own certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an er addressed to the Mail Stop ISSUE FEE address above, or being fa | | | | | | | | |
| ORLANDO, FL 32801 | | | | | transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| , | | | | | Shirley Go | ff | (Depositor's name) | |
| | | | | | Shirl | w Soll | (Signature) | |
| | | | | | January 11 | ,2006 000 | (Date) | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVEN | | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| | 07/08/2003 | | | | | | | |
| 10/615,069 07/08/2003 Eric Endicott TILE OF INVENTION: HIGH DENSITY FIBER OPTIC OUTPUT INTERFACE AND SYST | | | | | | 10136-002 | 7899 | |
| | | | | <i>D B I B I I I I I I I I I I</i> | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUI | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$700 | | | \$300 | \$1000 | 03/06/2006 | |
| EXAMINER | | ART UNIT | | CLA | ASS-SUBCLASS | | | |
| YAM, STEPHEN K | | 2878 | | | 250-227110 | | | |
| 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed to recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents or agent attorneys o | | | | | | | | |
| Emerging Manufacturing Technology, Inc. Lake Mary, FL 01 FC:2501 700.00 OP 02 FC:1504 300.00 OP | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government | | | | | | | | |
| la. The following fee(s) are enclosed: 45 Payment of Fee(s): | | | | | | | | |
| | | | | | nount of the fee(s) is enclosed. | | | |
| | | | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to | | | | |
| Advance Order - # of Copies The Director is Deposit Account N | | | | ector is he ount Num | reby authorized by cher | narge the required fee(s), or (enclose an extra c | credit any overpayment, to opy of this form). | |
| 6. Change in Entity Status | (from status indicated above |) | _ | | -10.00 | 100 mm - 40 mm - 40 | | |
| | MALL ENTITY status. See 3 | | | | | LL ENTITY status. See 37 C | | |
| The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco | is requested to apply the Issu ublication Fee (if required) words of the United States Pate | e Fee and Publicat vill not be accepted int and Trademark | ion Fee (if an from anyone Office. | y) or to re other tha | -apply any previously n the applicant; a regi | y paid issue fee to the applica stered attorney or agent; or th | ation identified above. ne assignee or other party in | |
| Authorized Signature | | | | | Date | anuary 11, 2006 | | |
| Typed or printed name James H. Beusse | | | | | Registration | No. 27,115 | | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Index the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | | |

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.